



INDEPENDENT LIVING PROGRAM: CASE PLAN FOR USE BY PROBATION OFFICER

State Form 53245 (R / 9-07) / CW 3345

NOTE: This form is to be used only for probationers who are not eligible for Title IV E foster care funds.
If a probationer is eligible for these funds, a full case plan form (SF 2956 / CW 0046) must be completed.

Name of youth		Date (month, day, year)
Age	Gender	Living situation of youth
Chafee IL Service Provider		
Name of caseworker		
County of referral		County of residence
Family case manager / Probation officer of youth		Mentor of youth

ANSELL-CASEY LIFE SKILLS ASSESSMENT (ACLSA)

Date of completion (month, day, year)

Domain Assessment	Score	Prioritize Identified Needs 1 Through 9
Career Planning		
Communication		
Daily Living		
Home Life		
Housing and Money Management		
Self-Care		
Social Relationships		
Work Skills		
Work and Study Skills		

Based on identified needs above, the following services will be provided (each identified need may have many goals to meet the needs of the youth):

A. CAREER PLANNING

Goal		Expected date (month, day, year)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (month, day, year)
Activities to reach goal	1.	
	2.	

B. COMMUNICATION		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	
C. DAILY LIVING		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	
D. HOME LIFE		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	
E. HOUSING AND MONEY MANAGEMENT		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	

F. SELF CARE		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	
G. SOCIAL RELATIONSHIPS		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	
H. WORK SKILLS		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	
I. WORK AND STUDY SKILLS		
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal:	1.	
	2.	
Goal		Expected date (<i>month, day, year</i>)
Activities to reach goal	1.	
	2.	

J. DOCUMENTS	
(All youth receiving transition services must have a personal copy of their original birth certificate, Social Security card, State ID or driver's permit / license, medical records, and school records prior to case dismissal.)	
Goal	Expected date (month, day, year)
Activities to reach goal:	1.
	2.
Goal	Expected date (month, day, year)
Activities to reach goal	1.
	2.

The IL Plan must be reviewed and modified, if needed, every six (6) months following the completion of the ACLSA.	
I participated in completing the ACLSA and in the preparation of this IL Plan based on the needs identified in the assessment, and I agree with the services to be provided.	
Signature of youth	Date (month, day, year)
Printed name of youth	
This plan was prepared with the participation of the above-named youth. The services identified above will be provided to assist the youth in reaching the identified goals.	
Signature of agency case manager	Date (month, day, year)
Printed name of agency case manager	